

## MTF Formulary Management for Alzheimer's Disease drugs

Department of Defense Pharmacoeconomic Center

**Uniform Formulary Decision:** The Director of TMA has approved the recommendations from the 15 November 2005 DoD P&T Committee meeting regarding formulary status of Alzheimer's drugs on the Uniform Formulary (UF) and Extended Core Formulary (ECF). Conversion from non-formulary agents to an ECF or uniform formulary drug or establishment of medical necessity may commence 19 Jan 06 and must be completed by 19 Apr 06

Uniform Formulary (UF) Agents		Non-Formulary Agents
Alzheimer's drugs on ECF (NOT on BCF) MTFs <u>may</u> have on formulary	UF Alzheimer's drugs(not on ECF) MTFs <u>may</u> have on formulary	Alzheimer's drugs MTFs <u>must not</u> have on formulary
Donepezil (Aricept)	Rivastigmine (Exelon) Galantamine (now Razadyne was Reminyl) Memantine (Namenda)	Tacrine (Cognex)

- Consistent with HA Policy 04-032, the DoD P&T Committee has designated Alzheimer's drugs as an ECF class. MTFs may choose whether or not to include Alzheimer's drugs on formulary, based on the clinical needs of its patients. If MTFs choose to include Alzheimer's drugs on their formulary, donepezil must be formulary. Other Alzheimer's drugs may be on formulary in addition to donepezil.
- Donepezil was selected as the ECF agent due to its ease of titration, favorable safety profile, and cost effectiveness when compared to other agents.
- Galantamine and rivastigmine are associated with more adverse events (mostly GI) and treatment discontinuation. Memantine has adverse event rates similar to that of placebo.
- All the above agents have been shown to be similar in reducing the rate of cognitive and functional decline. Cholinesterase inhibitors (all of these agents except memantine) are used as monotherapy in mild to moderate Alzheimer's disease and may be switched to another cholinesterase inhibitor if response is not seen. Memantine is indicated for moderate to severe Alzheimer's disease.
- Tacrine was designated non-formulary because of a significant risk of hepatotoxicity. Tacrine should only be dispensed to patients who cannot be treated with any other Alzheimer's disease drug. MTFs must use the medical necessity criteria established by the DoD P&T Committee. The criteria are available on the TRICARE Pharmacy website: <http://www.tricare.osd.mil/pharmacy/medical-nonformulary.cfm>. A Microsoft Word version of the medical necessity form adaptable for MTF use is available on RxNET.

Alzheimer's Drugs MTF Price Comparison		
Drug & Dosage Form	Weighted Average Daily Cost (Nov 2005) <sup>ab</sup>	
Extended Core Formulary Alzheimer's drugs	MTF Costs	System Cost <sup>c</sup>
Donepezil (Aricept)	\$2.41	\$3.13
Other Uniform Formulary Alzheimer's drugs available for inclusion on MTF formularies		
Rivastigmine (Exelon)	\$2.38	\$4.04
Memantine (Namenda)	\$2.62	\$4.00
Galantamine (now Razadyne was Reminyl)	\$2.81	\$3.39
Non-formulary Alzheimer's drugs		
Tacrine (Cognex)	\$0.81	\$2.55

<sup>a</sup> Post-decision prices; actual price may vary slightly due to MTF-specific Prime Vendor discounts and/or fees

<sup>b</sup> MTFs are prohibited from entering into any incentive pricing agreements in any form with pharmaceutical manufacturers to receive additional discounts.

<sup>c</sup> System costs are the normalized weighted average daily cost across all 3 points of service.

### References

- For the full clinical review of the Alzheimer's drugs and for discussion about UF decisions, log onto RxNET (the PEC's webforum) [www.dodrxnet.org](http://www.dodrxnet.org) (under "File Library" forum, "DoD P&T Library" folder).
- Current/future drug classes under review by the DoD P&T Committee: [www.pec.ha.osd.mil/PT\\_Committee.htm](http://www.pec.ha.osd.mil/PT_Committee.htm)
- TRICARE website for information on the Uniform Formulary: [www.tricare.osd.mil/pharmacy](http://www.tricare.osd.mil/pharmacy)
- TRICARE Formulary Search Tool: [www.tricareformularysearch.org](http://www.tricareformularysearch.org)

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